Name in Full: Horace Ballard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: 1 — Day: 21 — 1904

Age: Years: 5-5- — Months: 3 — Days: —

Sex: Male

Color or Race: Blk.

Birthplace: Nicomico Co.

Occupation: Laborer

Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Married

Name of Wife or ~~Husband~~: Margaret Ballard

Father's Name: Kaleb Ballard

Father's Birthplace: Not Known

Mother's Maiden Name: Elizabeth Tull

74

Mother's Birthplace: Md.

Name of person giving Imformation: Mary Cornish

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tumor of Cerebrum — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full: Laura Bankes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylors Island; County: Dorchester

Date of death: 1904 Month: Jan. Day: 11 Age: Years 20 Months 5 Days —

Sex: Female Color or Race: African Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Jas. Bankes 27 Father's Birthplace: Md.

Mother's Maiden Name: Dora Cornish Mother's Birthplace: Md.

Name of person giving In formation: John. W. Jennifer How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jos. K. Shriver. Jr.

Address: Taylors Island Md. Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A66616

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Aaron Batson

Died at: Town: Bucky Road County: Dorchester

Date of death: Month: 1 Day: 27 Year: 1904 Age: Years: 6 Months: — Days: —

Sex: Male Color or Race: Blk. Birthplace: Christ Rock.

Occupation: Child Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: John H Batson Father's Birthplace:

Mother's Maiden Name: Mittie Mother's Birthplace:

Name of person giving Imformation: Mittie Batson How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long:

Immediate: Pulmonary Oedema How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff

Address: Cambridge, Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John B Benson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: James County: Dorchester

Date of death 1904: Month: Jan Day: 29 Age: Years: 60 Months: Days:

Sex: Male Color or Race: White Birthplace: Talbot Co. Md

Married, Single or Widowed: Widower Occupation: Farmer

Name of Wife or Husband:

Father's Name: J. Perry Benson Father's Birthplace:

Mother's Maiden Name: Susan E Kemp. Mother's Birthplace:

Name of person giving In formation: W H James How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paresis How long: 3 yrs

Immediate: Pyelitis How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes M D.

Address: Cambridge Md R F D # 5

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU 488816

Name in Full: Jack Bramble

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing | County: Allegany

Date of death: Month: January | Day: 31 | 1904 | 190

Age: Years: 35 | Months: 1 | Days: 4

Sex: M | Color or Race: White | Birthplace: Maryland

Occupation: Laborer | Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ | Name of Wife or ~~Husband~~: Margaret Bramble

Father's Name: | Father's Birthplace:

Mother's Maiden Name: don't know | Mother's Birthplace: don't know

Name of person giving Information: | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 8 years

Immediate: Loss of Blood | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Lemmon

Address: [redacted] Lonaconing Md

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: Harriett Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: 1 — Day: 26 — Years: 84 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Dor. Co. Md.

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: J. D. Cornish

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Harriet Choate — Mother's Birthplace: Dor. Co. Md.

Name of person giving In formation: Chas. H. Cornish — How related to deceased: adopted son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma-Old age — How long: 2 years

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. Stubb

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Sam'l James Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylor's Island — County: Dorchester.

Date of death 1904: Month: Jan. — Day: 9 — Age: Years: 1 — Months: 6 — Days: 22

Sex: Male — Color or Race: African — Birthplace: Md.

Occupation: — Where Residing if not at place of death: Taylors Isl.

Married, Single or ~~Widowed~~: — Name of Wife or Husband: —

Father's Name: Sam'l F. Cornish — Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Cornish — Mother's Birthplace: Md.

Name of person giving information: Sam'l F. Cornish — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 1 week

Immediate: Asphyxia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shriver Jr.

Address: Taylors Island Dor. Co. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Sarah Cyr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna; County: Dorchester

Date of death	Month	Day	Years	Months	Days
1904	1st	31st	Age 33	10	4

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: Black

Birthplace: Wicomico, Co.

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Dennis Cyr

Father's Name: Stephan Cook

Father's Birthplace: Wicomico Co

Mother's Maiden Name: — Peters

Mother's Birthplace: Wicomico Co

Name of person giving In formation: Dennis Cyr.

How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns

How long: 2 days.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Elliott M.D.

Address: Vienna, Dorchester Co

Accident or Suicide? accident.

LIBRARY BUREAU A88618

Name in Full: Christopher Foster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: 1904 January; Day: 15; Age: Years: 57; Months; Days

Sex: male; Color or Race: White; Birthplace: —

Occupation: Sailor; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving Imformation: -; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paresis General; How long: 6 weeks

Immediate: Exhaustion; How long: a few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Gale Bowyer

Address: Cambridge Md

Accident or Sulcide?

LIBRARY BUREAU A88818

Name in Full — Certificate of Death

T. B. Hackett

Died at Town: Sharpsburg County: Washington MARYLAND

Date 1904 Month: Jan Day: 19 | Age Y.: 46 M.: 3 D.: 19 | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5 - 20

Husband of Wife: Docia A. Hackett

Father's Name: B. F. Hackett

Mother's Maiden Name: Rebecca A. Wright

Cause of Death — Primary: Bright's Disease Paralysis

How long sick

Immediate: Heart Failure

~~Accident, Suicide, Homicide~~

Reported by: Victor E. Kitch

Address: East Key Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70655

STATE OF MARYLAND—CERTIFICATE OF DEATH

(95-E)

1. PLACE OF DEATH

County Hamilton—Dorchester Co. Md. Registration Dist. No. 110

Village or City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Gustavus A. Haefner

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma B. Haefner

6. DATE OF BIRTH (month, day, and year) about 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Physician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) 1/4/1904

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Don't Know (State or country)

17. INFORMANT Emma B. Haefner (Address) 921 Farragut St. NW Wash. DC

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date Jan. 7, 1904

19. UNDERTAKER Carl Bradley (Address) Hurlock, Md.

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH over 3 years (Month) January 4th (Day), 1904 (Year)

22. I HEREBY CERTIFY, That I attended deceased from no time, 19__ to no time, 1904

I last saw him alive on 1/4/1904, 19____; death is said to have occurred on the date stated above, at 8 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
(Died suddenly while walking on Street)	
Other **Contributory Causes** of importance:	
(Over Eperation)	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. Roger Myers M. D.

(Address) Cambridge Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1921*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 6 1936 DIVISION OF VITAL STATISTICS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AUTHENTICITY: Letter 3-27-36 under Dr. Myers, stating he attended.

For authority to change date of death see form letter filed under Myers, 7/6/36. B.

Name in Full: Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Wrightsto (County) Dorchester

Date of death 190 4 (Month) Jan (Day) 16

Age (Years) X (Months) X 2 mos

Sex Male Color or Race White Birthplace Wrights

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name James Hill

Father's Birthplace Hills Point Md

Mother's Maiden Name Lyddia L Robins

Mother's Birthplace James. Md

Name of person giving information Mrs Jno Hill

How related to deceased G-mother

15-1

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Very small & weak-mother

How long

Immediate only 14 yrs

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S A Stokes

Address Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full Jones

Certificate of Death

Died at Town Hurlock County Dor MARYLAND

Date 1904 Month 1 Day 10 | Age Y. 23 M. 4 D. 6 | Native of Md | Occupation Housewife

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced | Number of children living 2

Husband of Wife Samuel Jones

Father's Name Henry Smith | Mother's Maiden Name 134

Cause of Death: Primary Ectopic pregnancy. | How long sick 9 hours

Immediate Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by C Rope Myers

Address Hurlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Priscilla Elizabeth Longwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishop Head — County: Dorchester

Date of death 1904: Month: Jan — Day: 3 — Age: Years: 14 — Months: 8 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: None

Name of ~~Wife~~ or Husband: John Longwell

Father's Name: John W. Stewart — Father's Birthplace: Md

Mother's Maiden Name: Susan Elliott — Mother's Birthplace: Md

Name of person giving Information: Etta Pritchett — How related to deceased: Daughter

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. F. Jones

Address: Cobb's Is. Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary A. E. Jacompte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dor. Md.

Date of death: Month: Jany; Day: 2; 1904

Age: Years: 79; Months: 9; Days: 1

Sex: Female; Color or Race: white; Birthplace: Dor. Co. Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: widow; Name of Wife or Husband: Thos. J. Jacompte

Father's Name: Clinton Handley; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Sophia Thompson; Mother's Birthplace: Dor. Co. Md.

Name of person giving information: Ida Hurst; How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion; How long: 7 days

Immediate: Heart failure; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Noah Meekins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Taylors Island — County: Dorchester

Date of death 1904 — Month: Jan. — Day: 8 — Age — Years: 50 — Months — Days

Sex: Male — Color or Race: African — Birthplace: Md

Occupation: Laboring — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Eliz. Meekins

Father's Name: unknown — Father's Birthplace

Mother's Maiden Name: unknown — Mother's Birthplace

99

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Haemorrhage — How long

Immediate: Asphyxia — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jos. K. Shriver Jr.

Address: Taylors Island, Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Robin R. Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishop Head County: Worcester

Date of death 1904: Month: Jan Day: 27 Age: Years: 77 Months: 2 Days: 23

Sex: Male Color or Race: White Birthplace: Md

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Incretia Mills

Father's Name: Rightson Mills Father's Birthplace: Md

Mother's Maiden Name: Polly Walley Mother's Birthplace: Md

Name of person giving Information: Incretia Mills How related to deceased: Wife

79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease How long: Several years

Immediate: Nephritis How long: Four months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. F. Jones

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full Jas a. Arthur 28

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 4 Month Jan Day 28 | Age Y. 24 M. D. | Native of | Occupation Fireman

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | Number of children living 1

Husband of Wife Ann Thomas 120

Father's Name Thomas Thomas | Mother's Name Ann Thomas

Cause of Death: Primary Bright's disease | How long sick 2 months

Immediate Apoplexy | Accident, Suicide, ~~Homicide~~

Reported by John Thomas

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Wanda B Richardson

Died at. Town: Roulridge County: Dorchester MARYLAND

Date 1904 Month Jan. Day 5 Age Y. 76 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 93

Cause of Death: Primary Pneumonia

Immediate Cerebral Hemorrhage

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Lewis Pickett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton — County: Baltimore

Date of death: Month: January — Day: 30 — Age: Years: 60 — Months: 4 — Days: 27

Sex — Color or Race: White — Birthplace: Parkton

Occupation: Oysterman — Where Residing If not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John Pickett — Father's Birthplace: Parkton

Mother's Maiden Name: 93 — Mother's Birthplace

Name of person giving Imformation: John A Sellers — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonitis — How long: 10 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H Emmons Hopkins

Address: Hopkins Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full — Certificate of Death

John Ross

Died at Town: Cambridge, County: Dorchester, MARYLAND

Date 1934 Month: Jan. Day: 9 | Age Y. 84 M. — D. — | Native of: Md. | Occupation: Laborer

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

167.

Father's Name: Don't Know | Mother's Maiden Name: Don't Know.

Cause of Death:
- Primary: Burn - Chest, neck, face. — How long sick: 9 days
- Immediate: Old age and Exhaustion — Accident, ~~Suicide, Homicide~~

Reported by: Wilbur A. Drake, M.D.

Address: Cambridge, Dorchester, Co.

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah E Seeye

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crambridge; County: Dorchester; MARYLAND

Date of death: Month: Jan; Day: 30; 1904; Age: Years: 32; Months; Days

Sex: Female; Color or Race: Black; Birthplace: Worcester Co Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: ~~Name of Wife or~~ Husband: Denis Seeye

Father's Name: Sketchen Cooke; Father's Birthplace: Worcester Co

Mother's Maiden Name: Hester E Cooke; Mother's Birthplace: Worcester Co

Name of person giving information: Forest E Seeye; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burnt to death; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? See former return

Signature of Physician: Dr R E Price

Address: Vienna Md

Accident or Suicide? accident

LIBRARY BUREAU A88516

Name in Full: Was not Named

CERTIFICATE OF DEATH

MARYLAND

Died at: Elliotts (Town) — County: Dorchester

Date of death 1904: Month: Jan — Day: 28 — Age: Years / Months / Days: 11

Sex: Female — Color or Race: White — Birthplace: Elliotts

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Alexander Stewart — Father's Birthplace: Wicomico Co

Mother's Maiden Name: Hattie Lloyd — Mother's Birthplace: Elliotts

Name of person giving information: Mother — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 11 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jr W Steenes

Address: Elliotts

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A99816

Name in Full: Minerva A W Keatley

CERTIFICATE OF DEATH

MARYLAND

Town: [illegible] County: Do.

Died at

Date of death 1904: Month Jan; Day 21; Age: Years 72; Months 3; Days 1

Sex: Female; Color or Race: W White; Birthplace: Kloyds. Md

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Wm. L. W Keatley

Father's Name: Palmer; Father's Birthplace: Dor. Co.

Mother's Maiden Name: 79; Mother's Birthplace: Dor. Co

Name of person giving In formation: Columbus W Keatley; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dilatation of heart; How long: 1 yr

Immediate: Anamition; How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md R 4 Box 5

Accident or Sulcide?

PHYSICIAN OR CORONER

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Name in Full: H Heatley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hudson — County: Dorchester

Date of death 1904 — Month: Jun — Day: 28

Age — Years: — Months: 3 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Hudson

Married, Single or Widowed — Occupation:

Name of Wife or Husband

176.

Father's Name: L. Milton H Heatley — Father's Birthplace: James Md

Mother's Maiden Name: Mary E Wilson — Mother's Birthplace: James Md

Name of person giving Information: T. R. H Heatley — How related to deceased: G-father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Overlaying — How long:

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md R.F.D. # 5

Accident or Suicide?

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